

Name
in
Full

Adam Hase Bentley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Edesville ^{County} Kent MARYLAND

Date of death 1909 ^{Month} Aug ^{Day} 14 ^{Age} ^{Years} none ^{Months} 10 ^{Days} 8

Sex Male Color or Race Colored Birth-place Edesville

Occupation none Where Residing if not at place of death Edesville

Married, Single or Widowed single Name of Wife or Husband none

Father's Name George Bentley

Father's Birthplace Maryland

Mother's Maiden Name Ella Groves

Mother's Birthplace Maryland

Name of person giving Information George Bentley

How related to deceased Father

CAUSES OF DEATH

93

Primary Pneumonia

How long 3 weeks

Immediate Exhaustion

How long 1 week

Are the name, age, sex, color, date and place correctly given above? yes

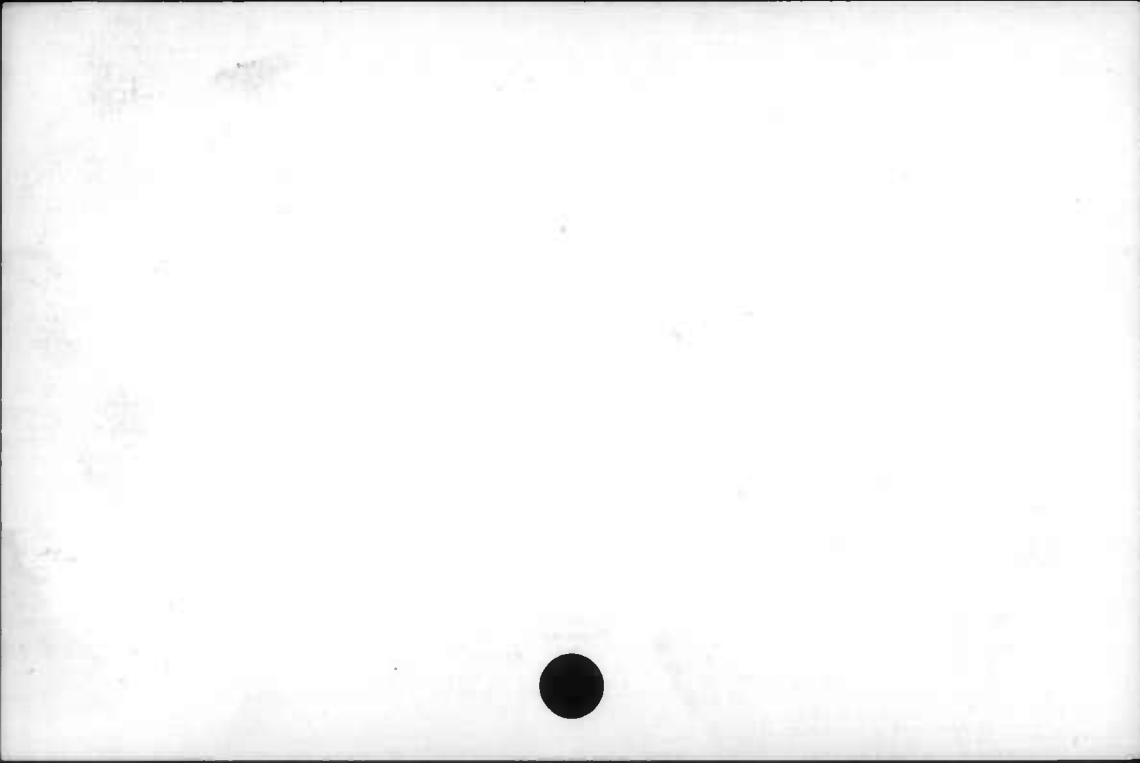
Signature of Physician

Address

H. H. Schwatka M.D.
Rock Hall Md

Accident or Suicide no

PHYSICIAN
OR CORONER



Name
in Full

Bertha Matilda Biddle

CERTIFICATE OF DEATH

Died at ^{Town} Chester town ^{County} Sumt

MARYLAND

Date of death 1909 ^{Month} Aug ^{Day} 5 ^{Years} Age 20 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place

Occupation Housework Where Residing if not at place of death

~~Married, Single or Widowed~~ Name of Wife or Husband

Father's Name Jas Biddle

Father's Birthplace Leicester

Mother's Maiden Name Ida Howland

Mother's Birthplace Mo

Name of person giving Information Ida Howland

How related to deceased Mother

CAUSES OF DEATH

Primary Typhoid Fever - How long Two Weeks

Immediate Intestinal Haemorrhage - How long Three Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Harry L. Doad

Address Chester town, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

W. L. Dodd.

M E Cemetery

Double Creek -

2 A 60

Name
in
Full

Barrie Rebecca Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at <u>near Kennedyville</u>		County <u>Stent</u>		MARYLAND	
Date of death	1909	Month	Aug	Day	4
Age	0	Years	2	Months	24
Sex	female	Color or Race	Black	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Chas W. Brown	Father's Birthplace	Md		
Mother's Maiden Name	Annie Starlin	Mother's Birthplace	Md		
Name of person giving Information	Chas Brown	How related to deceased	Father.		

CAUSES OF DEATH

Primary	Cholera Infantum	How long	105	1 Week
Immediate	Convulsions	How long	1 day	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Jas W. Wiley, M.D.	
		Address	Kennedyville Md.	
Accident or Suicide				

PHYSICIAN
OR CORONER

Still Pond.

Name
in
Full

Baby Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Coleman County Kent **MARYLAND**

Died at Coleman

Date of death 1909 Month Aug Day 6 Age · Years · Months 3 Days —

Sex female Color or Race Black Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Clarence Brown Father's Birthplace Ind

Mother's Maiden Name Rosie Brown Mother's Birthplace Ind

Name of person giving Information Clarence Brown How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Marasmus. How long since birth.

Immediate — How long —

Are the name, age, sex, color, data and place correctly given above? yes. Signature of Physician W. S. Maxwell

— Address Still Pond, Md.

Accident or Suicide —

Coleman.

Name
in
FullStill Born Infant *Chisim*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Lynch</i>		Town <i>Lynch</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1909 Aug 12</i>		Month <i>Aug</i>		Day <i>12</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Ind.</i>		Mother's Birthplace <i>Ind.</i>	
Father's Name <i>Oliver Chisim</i>		Mother's Maiden Name <i>Ada Peaker</i>		Name of person giving Information <i>Oliver Chisim</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

Primary *Still Born*How long *X*

Immediate

Are the name, age, sex, color, data and place correctly given above?

Yes.

Signature of Physician

Address

L. P. Atwell M.D.
Still Pond
Ind.

Accident or Suicide

PHYSICIAN
OR CORONER

Fountain

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mary Ellen Cotton

ap

Died at

Fairlee

Month

Day

Years

County

Kent Co;

MARYLAND

Month

Days

Date

of death

1909

Aug

Tuesday

Age

9

15

Sex

Girl

Color or
Race

Colord

Birth-
place

Fairlee

Occupation

none

Where Residing if not
at place of death

Fairlee

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Henry Cotton

Father's
Birthplace

Fairlee

Mother's
Maiden Name

Harriette Butler

Mother's
Birthplace

Fairlee

Name of person giving
Information

Henry Cotton

How related
to deceased

Father

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Several months

Immediate

Exhaustion

How long

Several days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. S. Simpson
Christiansburg

Accident or Suicide

No

No

Charles Dodd

Fairlee Kent
May

Name
in
Full

Mary L. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

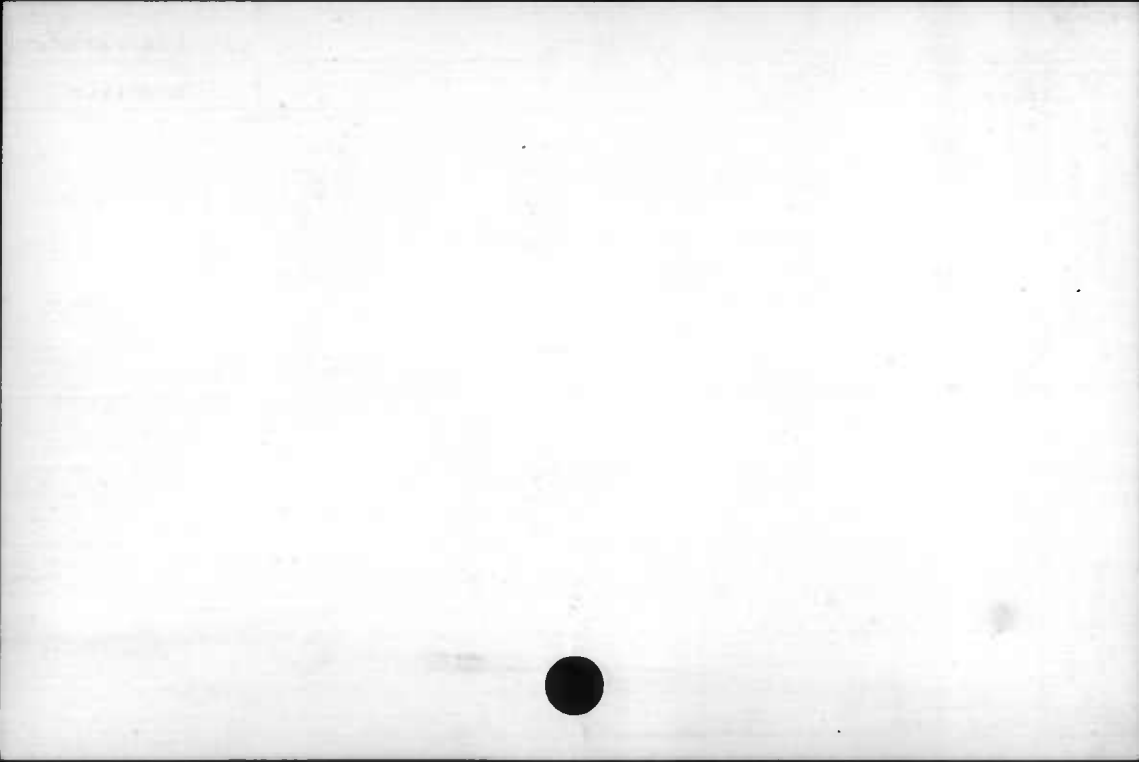
Died at		Town <i>Halls</i>		County <i>Kersh</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		<i>Aug</i>	<i>27</i>	<i>Age 85</i>	<i>unknown</i>	<i>unknown</i>	
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>unknown</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>			Name of Wife or Husband			
Father's Name	<i>unknown</i>				Father's Birthplace	<i>unknown</i>	
Mother's Maiden Name	<i>unknown</i>				Mother's Birthplace	<i>61</i>	
Name of person giving Information	<i>Daughter</i>				How related to deceased		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile decay</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wm. J. G. Miller</i>
		Address	<i>Millington, Md.</i>
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Mr. Eliasd Drupley

Town

County

MARYLAND

Died at Near, Chestertown Kent.

Date

of death

1909 Aug. 21

Month

Day

Age

years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Delaware

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Elija Sordani.

Father's
Name

John J. Deputy

Father's
Birthplace

Delaware

Mother's
Maiden Name

Mary Welch

Mother's
Birthplace

Delaware

Name of person giving
Information

Susan McCaul

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Bright Sun

How long

Count says

Immediate

Urine Poison

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

C. W. Whalant M.D.
Chestertown
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Ch Dodd
~~Ch~~ St Pauls -

Name
in
Full

William Henry Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chestertown		County Kent		MARYLAND	
Date of death		Month 1909		Day 8		Age 64	
Sex		Male		Color or Race Black		Birth- place Pennsylvania	
Occupation		Plasterer		Where Residing if not at place of death		Chestertown	
Married, Single or Widowed		Single		Name of Wife or Husband		Ella G. Dorsey	
Father's Name		Henry Dorsey		Father's Birthplace		Not known	
Mother's Maiden Name		Julia		Mother's Birthplace		Not known	
Name of person giving Information		Ella G. Dorsey		How related to deceased		Wife	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	8 months
Immediate	Prostration	How long	about 2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Chestertown	
Accident or Suicide		Ad.	

Ch. Dodd
Zuaken Neck Leeches

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Ford* Town *near Chirtwell* County *Kent* MARYLAND

Died at *near Chirtwell*

Date of death 1905 *8* Month *22* Day *11* Age *11* Years Months Days

Sex *male* Color or Race *Black* Birth-place *md*

Occupation *farm hand* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Isiah Ford* Father's Birthplace *md*

Mother's Maiden Name *Emma Eggleston* Mother's Birthplace *md*

Name of person giving Information *Isiah Ford* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

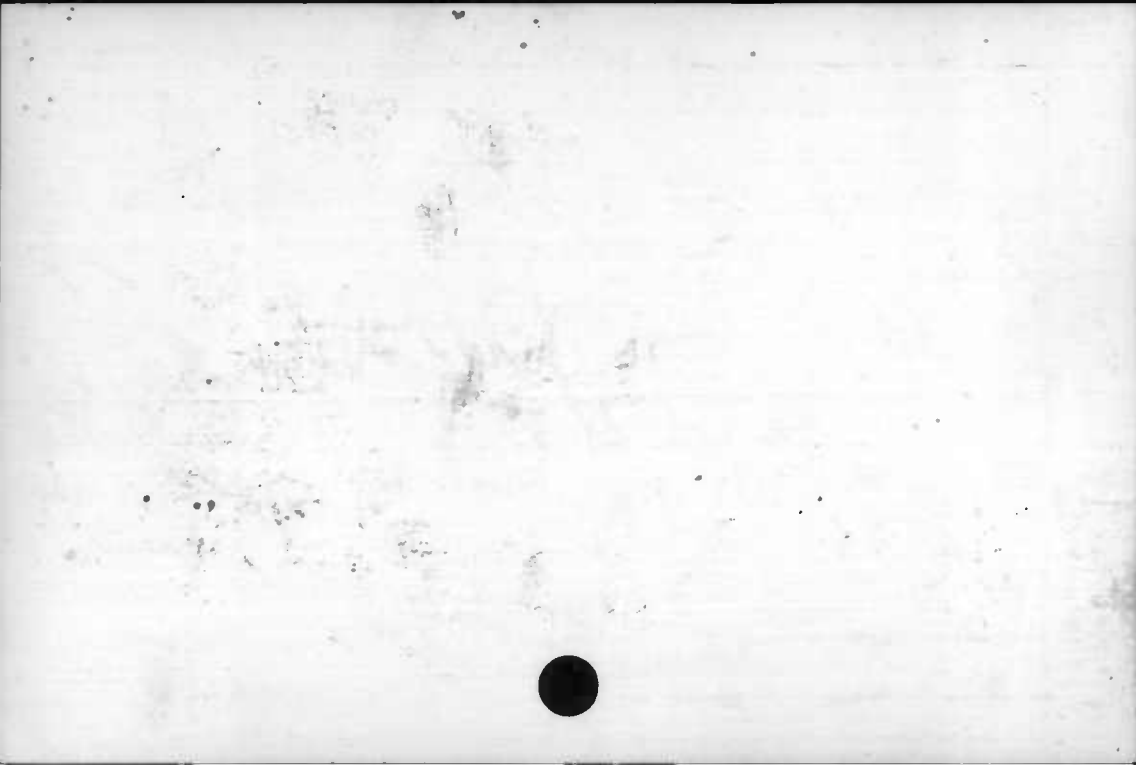
Primary *14* How long *7 days*

Immediate *Yes* How long *7 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. J. W. Jacobs*

Address *Midlington Maryland*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Temperance Elizabeth Ford

Died at

Bassett

County

MARYLAND

Date

of death

1909 Aug

Month

Day

18

Age

Years

93

Months

6

Days

25

Sex

Female

Color

White

Birth-
place

Crofton Md

Occupation

Where Residing if not
at place of death

TO BE ANSWERED BY
NEAREST FRIEND

~~Married~~ Single
or Widowed

Name of Wife or
Husband

James Ford

Father's
Name

Not known

Father's
Birthplace

Not known

Mother's
Maiden Name

Not known

Mother's
Birthplace

Not known

Name of person giving
Information

Laura Townsend

How related
to deceased

Grand Daughter

CAUSES OF DEATH

Primary

Enteric Colitis

106

How long

1 week

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

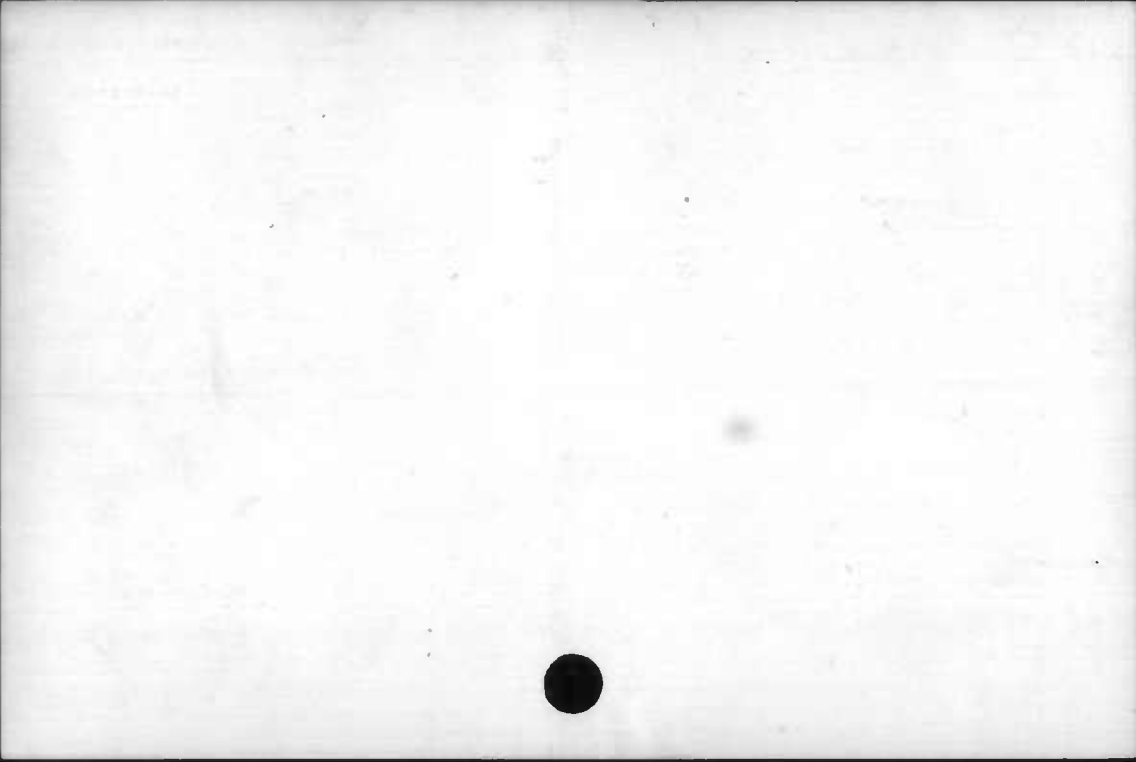
Address

*J. F. Wright
Harford Md*

PHYSICIAN
OR CORONER

Accident or Suicide

no



Name
in
Full

CERTIFICATE OF DEATH

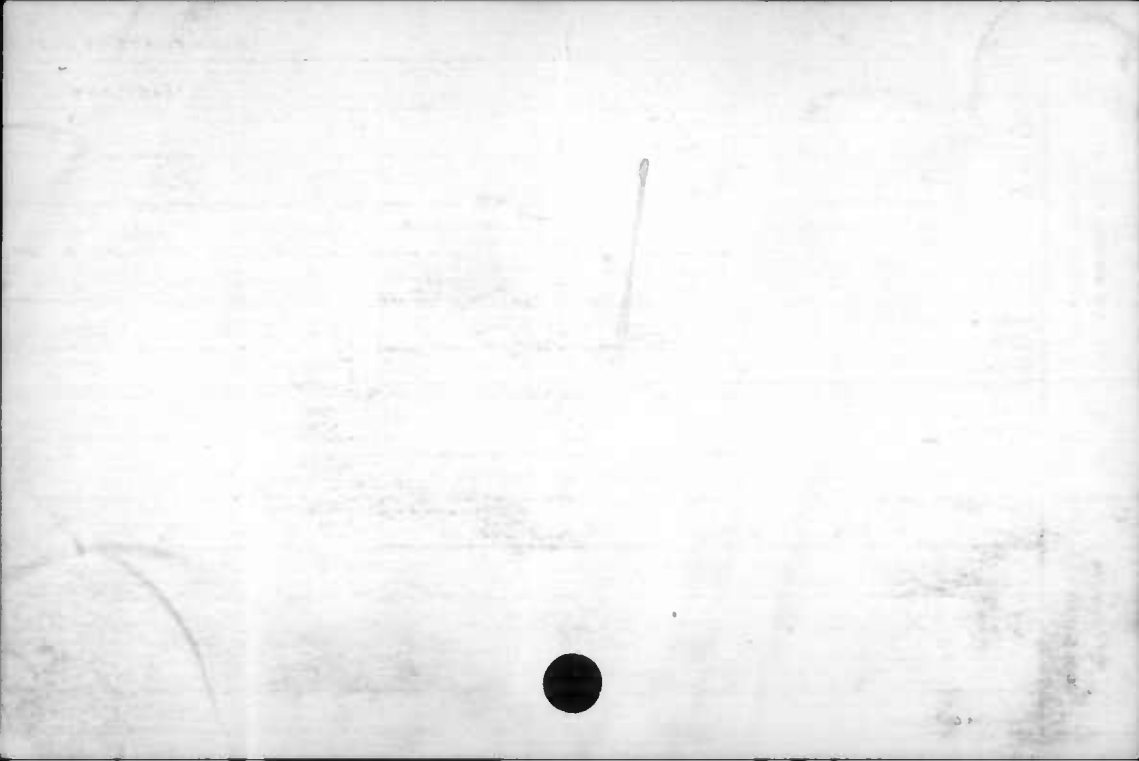
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brown Town</i> Town		<i>Hunt-</i> County		MARYLAND	
Date of death	1909	Month	Aug.	Day	30 th
Age	72	Years		Months	
Sex	Male	Color or Race	Black	Birthplace	MD
Occupation	Day laborer when able		Where Residing if not at place of death <i>Brown Town</i>		
Married, Single or Widowed	Married		Name of Wife or Husband <i>Alphena Single</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace <i>"</i>		
Name of person giving Information	<i>Samuel Freeman</i>		How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis of Throat</i>	How long	<i>1 year 10 months</i>
Immediate	<i>Bronchitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Horton Kelley</i>	
<i>yes</i>		Address <i>McBain, MD.</i>	
Accident or Suicida			



Name
in
Full

Thelma Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Lynch ^{County} Kent MARYLANDDate of death 1909 ^{Month} Aug ^{Day} 21 Age ^{Years} 1 ^{Months} — ^{Days} —

Sex female Color or Race Black Birth-place Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Vernon Hackett Father's Birthplace Md

Mother's Maiden Name Rosie Summons Mother's Birthplace Md

Name of person giving Information Samuel Hackett How related to deceased Grand-father

CAUSES OF DEATH

Primary Whooping Cough. How long 3 weeks

Immediate Heart failure How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician S L Darwick

Address Tennettsville Md

Accident or Suicide

PHYSICIAN
OR CORNER

Fountain Church.

Name
in
Full

Emmer Hardy

CERTIFICATE OF DEATH

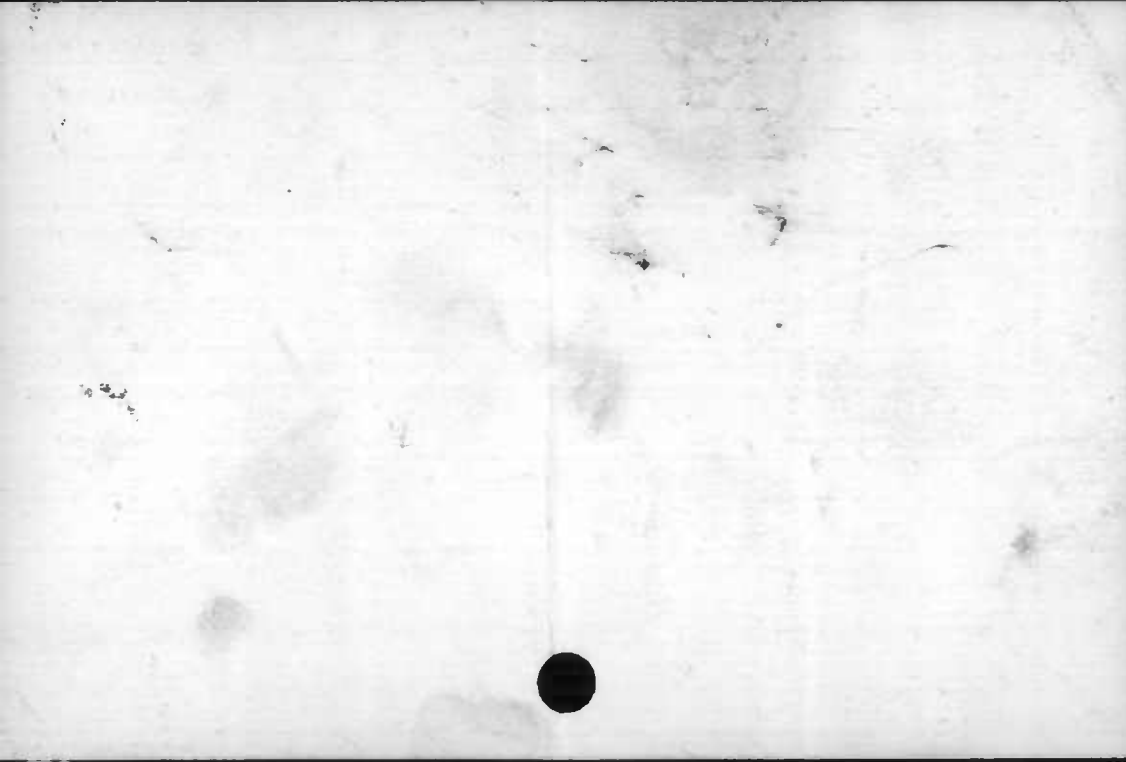
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sassapar</i>		Town		<i>Kerr</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Aug</i>		Day <i>16</i>		Age <i>63</i>		Years	
Sex <i>Female</i>		Color or Race <i>colord</i>		Birth-place <i>Elk Neck</i>		Monthe		Days	
Occupation <i>House Wifa</i>				Where Residing if not at place of death					
Married, Single <i>or Widowed</i>				Name of Wife or Husband <i>Lemuel Hardy</i>					
Fether's Name <i>Robert Penington</i>				Fether's Birthplace					
Mother's Maiden Name <i>Not Known</i>				Mother's Birthplace					
Name of person giving Information <i>X</i>				How related to deceased <i>Friend</i>					

CAUSES OF DEATH

Primary	<i>Albuminuria</i>	<i>120</i>	How long	<i>2 years</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>PM Money</i>		
		Address <i>Douglas Del.</i>		
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

Flitcher Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Morgue		County Kent		MARYLAND	
Date of death	1909	Month Aug	Day 15	Age	Years	Months 9	Days
Sex	male	Color or Race	Col	Birth- place	Md		
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed	_____		Name of Wife or Husband _____				
Father's Name	Chas Harris				Father's Birthplace Va		
Mother's Maiden Name	Martha Robinson				Mother's Birthplace Md		
Name of person giving Information	Father				How related to deceased 8		

CAUSES OF DEATH

Primary	Whooping Cough		How long	2 weeks
Immediate	Convulsions		How long	Several hours
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	W. D. Attending
Accident or Suicide	No		Address	114 Simpson St Local Board of Health Christiansburg

PHYSICIAN
OR CORONER

C. L. Dodd
Mongueck.

Name
in
Full

Edna Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond		Town		County Kent		MARYLAND	
Date of death 1909 Aug 16		Month		Day		Years	
Age 21		Months 5		Days —			
Sex female		Color or Race black		Birth-place md			
Occupation Servant		Where Residing if not at place of death —					
Married, Single or Widowed married		Name of Wife or Husband Robert Jones					
Father's Name Elsworth Henry		Father's Birthplace md					
Mother's Maiden Name Ellen Chambers		Mother's Birthplace md					
Name of person giving Information ..		How related to deceased mother					

CAUSES OF DEATH

137

Primary	Septicæmia (Puerperal)	How long	5-days.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W. S. Maxwell,	
Address		Still Pond, Md.	
Accident or Suicide			

PHYSICIAN
OR CORONER

Still Buck

Name
in
Full

Still Born Babe

County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Near Still Pond

Hunt

Date

of death

1909 Aug

Day

11

Age

Years

—

Months

—

Days

—

Sex

Male

Color or
Race

Black

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Robert Jones

Father's
Birthplace

Md

Mother's
Maiden Name

Edna Henry

Mother's
Birthplace

Md

Name of person giving
Information

Robt Jones

How related
to deceased

father

CAUSES OF DEATH

Primary

Still Birth.

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

W. S. Maxwell,

Address

Still Pond, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Still Pond

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Joseph W. Lammor
Town Millington County Kent

Date

of death

1909

Month

8

Day

2

Age

Years

35

Months

2

Days

Sex

Male

Color or
Race

Black

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of death

Millington

Married, Single
or Widowed

Married

Name of Wife or
Husband

Lottie Lammor

Father's
Name

Perry H. Lammor

Father's
Birthplace

Maryland

Mother's
Maiden Name

Margaret Jeffries

Mother's
Birthplace

Maryland

Name of person giving
Information

John Lammor

How related
to deceased?

Brother

CAUSES OF DEATH

Primary

Smothered to death by

Immediate

Bank saving in gun injury
in Sand Pit

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address



J. C. Lammor J. P.

acting as coroner

How long

176

How long

instantly

PHYSICIAN
OR CORONER

Accident or Suicide

Delivered to John. L. Smith
undertaker Aug 2nd 1909

Geo. L. Townsend JP

acting as coroner

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jas. S. Sauton
Town *Willington* County *Kent* *CO*

Died at *Willington* *10/1* *1909* *8* *2* *55*
Date of death 1909 Month Day Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Willington*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband *Lotha Sauton*

Father's Name *Herb Emerson* Father's Birthplace *Indiana*

Mother's Maiden Name *L* Mother's Birthplace *IL*

Name of person giving Information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Asphyxiation* How long *about 176*

Immediate *by accident* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. C. C. C. C.* Address *Willington*

Accident or Suicide *Yes*

Delivered to John, R. Smith
undertaken after he had been
given charge of the Body by
Geo. C. Townsend J.P. acting as
Coroner

Geo. C. Townsend, J.P.
Act as Coroner

The Doctor stated that
he had a right to make the
death certificate as he knew
the Law, the undertaker was
of the opinion that he could not
take charge of the Body, without
Coroner's certificate of death

Name
in
Full

Mary Rebecca Segg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Pomona		Kent			
Date of death	Month	Day	Age	Years	Months
1909	Aug	21	67		
Sex	Color or Race	Birth-place			
Female	White	Queen Anne Co.			
Occupation	Where Residing if not at place of death				
Unemployed	Pomona				
Married, Single or Widowed	Name of Wife or Husband				
Widow	Widow				
Father's Name	Father's Birthplace				
James Holden	Queen Anne's				
Mother's Maiden Name	Mother's Birthplace				
Mary Anne Davis	Queen Anne's				
Name of person giving Information	How related to deceased				
H. F. Woodmender	Brown, law				

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary	Heart failure	How long	15 minutes
Immediate	Heart failure	How long	15 minutes
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. B. Simmons
		Address	Cheslertown Md.
Accident or Suicide	no		

Chas. Dodd

Bored Chap'l

Marker neck

PHYSICIAN
OR CORONER



Name
in
Full

Edward McAdams

CERTIFICATE OF DEATH

Died at *Near Rock Hall* *Kent* **MARYLAND**

Date of death *1909 August 3* Age *66*

Sex *Male* Color or Race *White* Birth-place *Virginia*

Occupation *Painter* Where Residing if not at place of death *Virginia*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Edward McAdams* Father's Birthplace *Delaware*

Mother's Maiden Name *Cathern Suelley* Mother's Birthplace *Delaware*

Name of person giving Information *Richard B Wilson* How related to deceased *Brother in Law*

CAUSES OF DEATH

14

Primary *Myocarditis* How long *One month*

Immediate *Exhaustion* How long *One week*

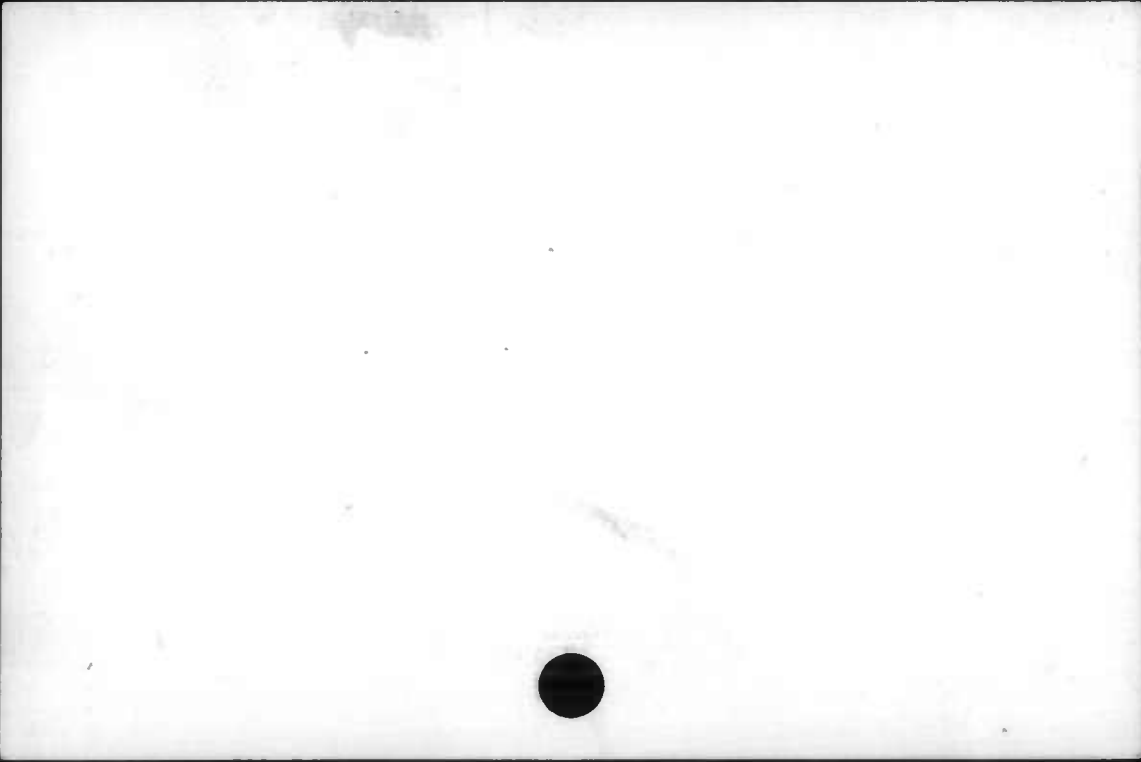
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. H. Schwatta*

Address *Rock Hall Md*

Accident or Suicide *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Arnsula Moffitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		near <i>Kennedyville</i>		County		<i>Kent</i>		MARYLAND	
Date of death		1909	Month	July	Day	28	Age	38	Years
								Months	7
								Days	24
Sex		<i>Female</i>		Color or Race		<i>White</i>		Birth-place	
								<i>Maryland</i>	
Occupation		<i>School Teacher</i>		Where Residing if not at place of death		<i>Kent Co. Md.</i>			
Married, Single or Widowed		<i>single</i>		Name of Wife or Husband					
Father's Name		<i>J. N. Moffitt</i>				Father's Birthplace		<i>Maryland</i>	
Mother's Maiden Name		<i>Ursula Garman</i>				Mother's Birthplace		<i>Maryland</i>	
Name of person giving information		<i>Mrs. C. M. Baldwin</i>				How related to deceased		<i>sister</i>	

CAUSES OF DEATH

78

Primary	<i>Abscess of Lung Endocarditis</i>	How long	<i>seven weeks</i>
Immediate	<i>Toxemia, Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>G. Irvin Parvick</i>	
Address		<i>Kennedyville Md</i>	
<i>Accident or Suicide</i>			

PHYSICIAN
OR CORONER

Chesterton

Name
in
Full

Mollie Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Maniesville ^{County} Kent **MARYLAND**
 Date of death 1909 ^{Month} Aug ^{Day} 1 ^{Years} — ^{Months} 1 ^{Days} 14
 Sex female Color or Race White Birth-place ind
 Occupation — Where Residing if not at place of death —
 Married, Single or Widowed Single Name of Wife or Husband —
 Father's Name John A. Myers Father's Birthplace ind
 Mother's Maiden Name Mamie Walker Mother's Birthplace ind
 Name of person giving Information John Myers How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Marasmus How long Since birth
 Immediate
 Are the name, age, sex, color, data and place correctly given above? yes.
 Signature of Physician W. S. Maxwell,
 Address Steel Pond, Md.
 Accident or Suicide

St James. Church.

Name
in
Full

Sancti Rudman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		8	13	20			
Sex	Male	Color or Race	White	Birth-place	Shanksville		
Occupation	Mill Hand		Where Residing if not at place of death	Wilmington			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Joe Rudman		Father's Birthplace	Ind Co			
Mother's Maiden Name	Katherine		Mother's Birthplace	Ind Co			
Name of person giving Information			How related to deceased	27			

CAUSES OF DEATH

Primary	Leukemia	How long	one year
Immediate	11	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. C. Dr. C. G. S.
Accident or Suicide		Address	Wilmington

PHYSICIAN
OR CORONER



Name
in
Full

Jamie Rickman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Chesertown* ^{County} *Kent* **MARYLAND**

Date of death 190 ^{Month} *9* ^{Day} *29* ^{Age} *—* ^{Years} *—* ^{Months} *4* ^{Days} *9*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Elias W. Rickman* Father's Birthplace *Ind.*

Mother's Maiden Name *Hannah Jamar* Mother's Birthplace *Del.*

Name of person giving Information *Father* How related to deceased *—*

CAUSES OF DEATH

Primary *Marasmus* *179* *Since birth*

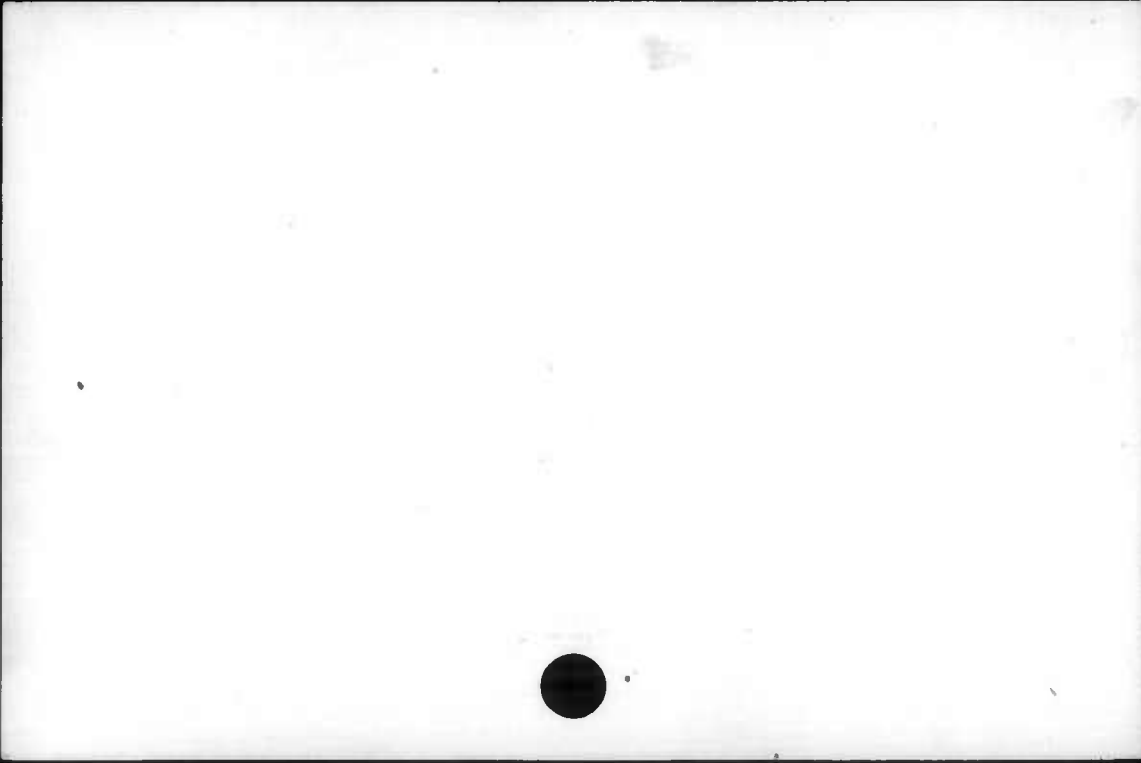
Immediate *Exhaustion* *How long* *Several days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. J. Sumpers*

Address *Chesertown*

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

Melvina Ringgold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chesutown ^{Town} Heck ^{County} **MARYLAND**

Date of death 190 9 ^{Month} Aug ^{Day} 14 Age 60 ^{Years} (about) ^{Months} ^{Days}

Sex Female Color or Race Col Birth-place Ind

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Perry Ringgold

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Daisy Nichols How related to deceased Niece

CAUSES OF DEATH

14

PHYSICIAN
OR CORNER

Primary Dysentery & Intestinal regurgitation ^{How long} about 1 week

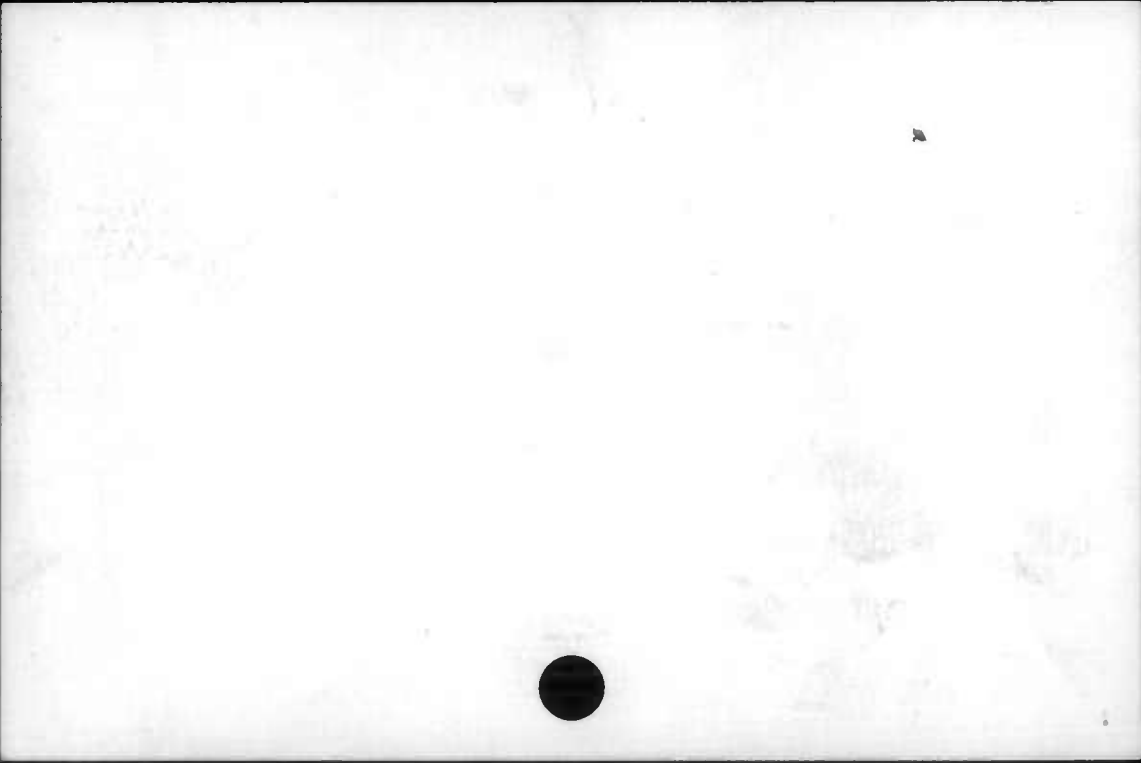
Immediate Exhaustion ^{How long} 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. G. Jones

Address Chesutown

Accident or Suicide No



Name in Full **Francis Raymond Robinson**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at **Kennedyville** **Stent** County
 Date of death 1909 Aug 29 Age 2 Months 9 Days 7
 Sex **Male** Color or Race **White** Birth-place **Ind**
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed **Single** Name of Wife or Husband _____
 Father's Name **Edward T. Robinson** Father's Birthplace **Ind**
 Mother's Maiden Name **Bessie Long** Mother's Birthplace **Ind**
 Name of person giving Information **E. T. Robinson** How related to deceased **father**

CAUSES OF DEATH

88

Primary **Laryngismus Stridulus** **Wick**
 Immediate **Asphyxiation** **1 day**
 Are the name, age, sex, color, date and place correctly given above? **yes**
 Signature of Physician **Jas. W. Urie**
 Address **Kennedyville Ind.**
 Accident or Suicide

PHYSICIAN
OR CORONER

Kennedyville

Name
in
Full

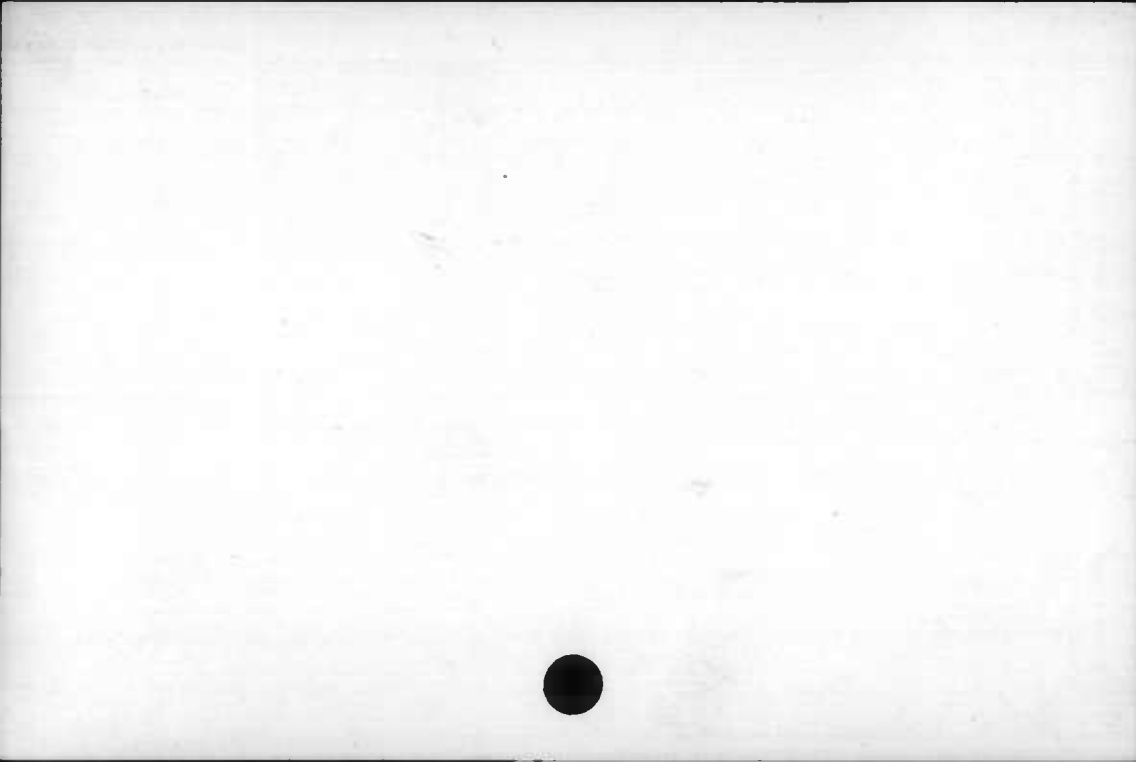
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockface</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug</i>	Day <i>10</i>	Age	Months <i>4</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Thomas C. Rodney</i>		Father's Birthplace <i>Kent Co.</i>			
Mother's Maiden Name <i>Cornelia Creighton</i>		Mother's Birthplace <i>Kent Co.</i>			
Name of person giving Information <i>Thomas Rodney</i>		How related to deceased <i>Sister</i>			

PHYSICIAN
OR CORONER

<i>Acute gastro-enteritis</i>		CAUSES OF DEATH		<i>105</i>	
Primary	<i>Summer Catarrh</i>		How long	<i>4 weeks</i>	
Immediate	<i>Exhaustion</i>		How long	<i>One day</i>	
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>		Signature of Physician <i>Walter D. Selby</i>			
		Address <i>Rockface, Md.</i>			
Accident or Suicide					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

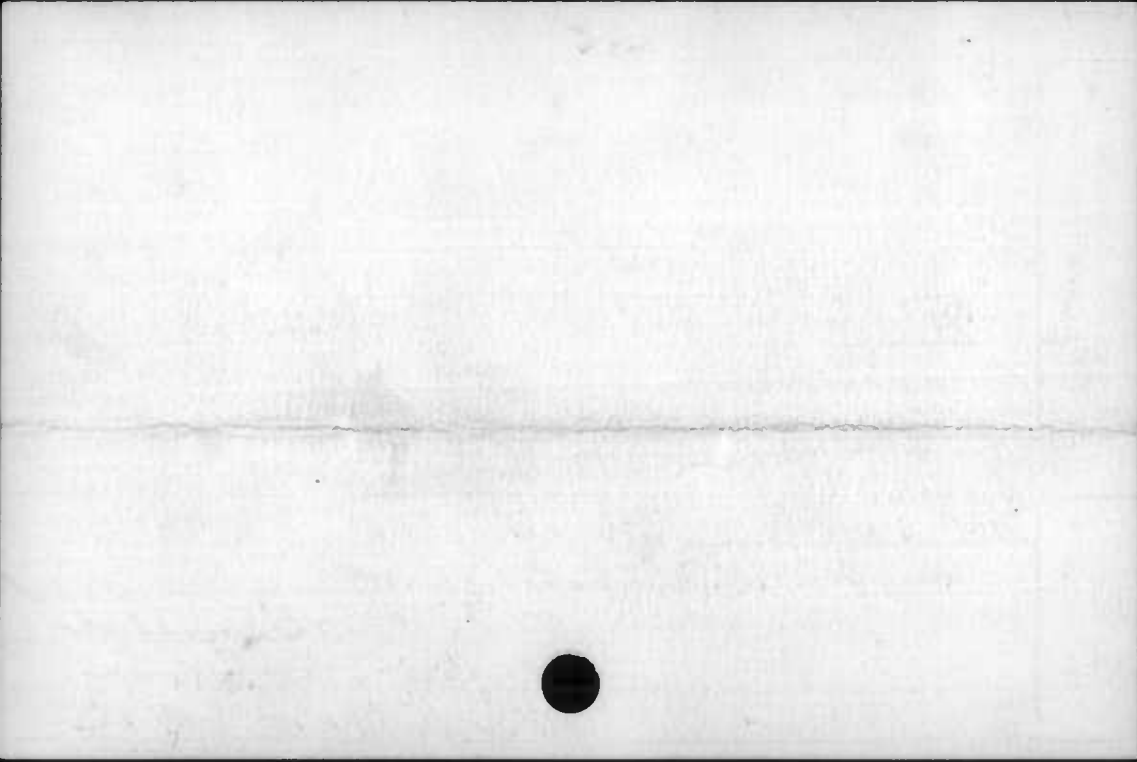
Died at <i>Rock Hall Md.</i>		Town <i>Rock Hall</i>		County <i>Kent</i>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Aug.</i>	Day	<i>22</i>	Years	<i>61</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co</i>		Months	<i>3</i>
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at place of death</i>		Days		<i>22</i>	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Thomas Sewell</i>		Father's Birthplace <i>Kent</i>		Mother's Birthplace <i>Kent Co</i>	
Father's Name <i>David Ashley</i>		Mother's Maiden Name <i>Mary Crouch</i>		Name of person giving information <i>Thomas Sewell</i>		How related to deceased <i>Husband.</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	How long	<i>two years</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Walter Kelly</i>	
		Address <i>Rock Hall Md</i>	
Accident or Suicide?			



Name in Full		Ida Gladys Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Age	Years	
		Sex		Color or Race	Birth-place			
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary						
		Immediate						
		Are the name, age, sex, color, date and place correctly given above?						
		Signature of Physician						
		Address						
		Accident or Suicide?						

Ida Gladys Smith

Rock Hall Kent

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 Aug 28 Age 6 Months Days

Sex Female Color or Race Black Birth-place Kent Co Md

Occupation Not Busy Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Henry Smith Father's Birthplace Kent Co Md

Mother's Maiden Name Hilda Butter Mother's Birthplace Kent Co Md

Name of person giving information Henry Smith How related to deceased Further

CAUSES OF DEATH

Primary Not Known No Dr. attending

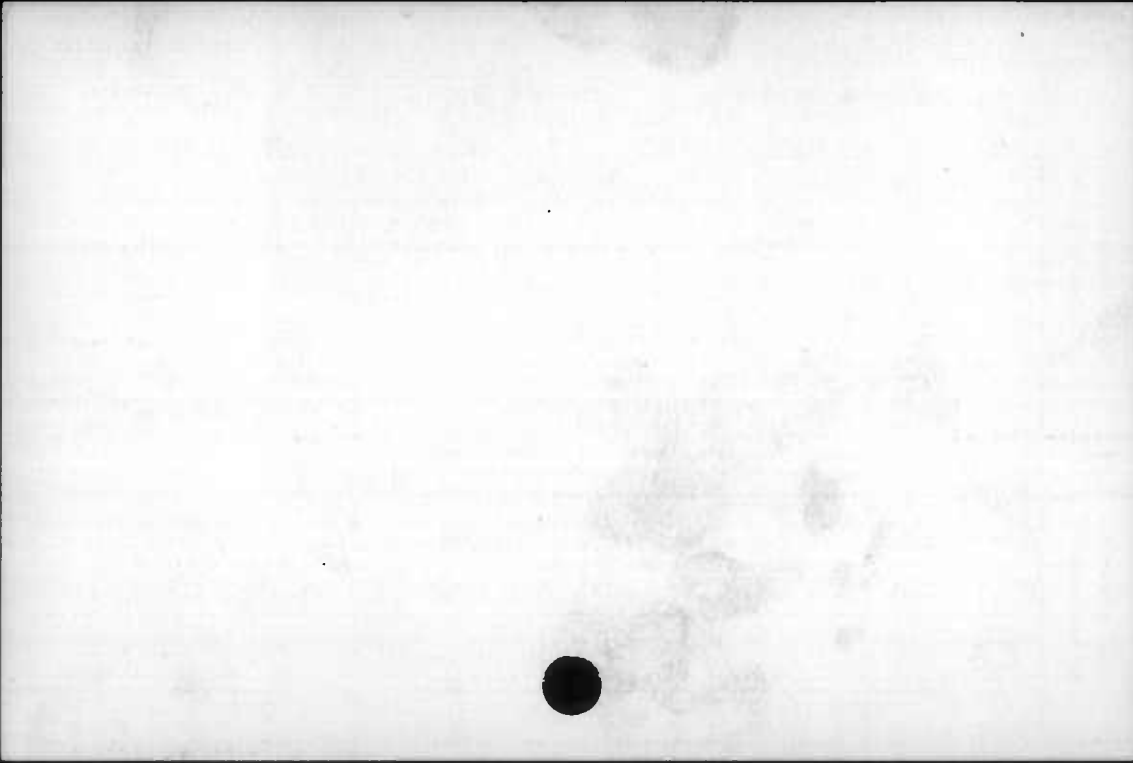
Immediate Supposed. Natural Cause

Are the name, age, sex, color, date and place correctly given above?

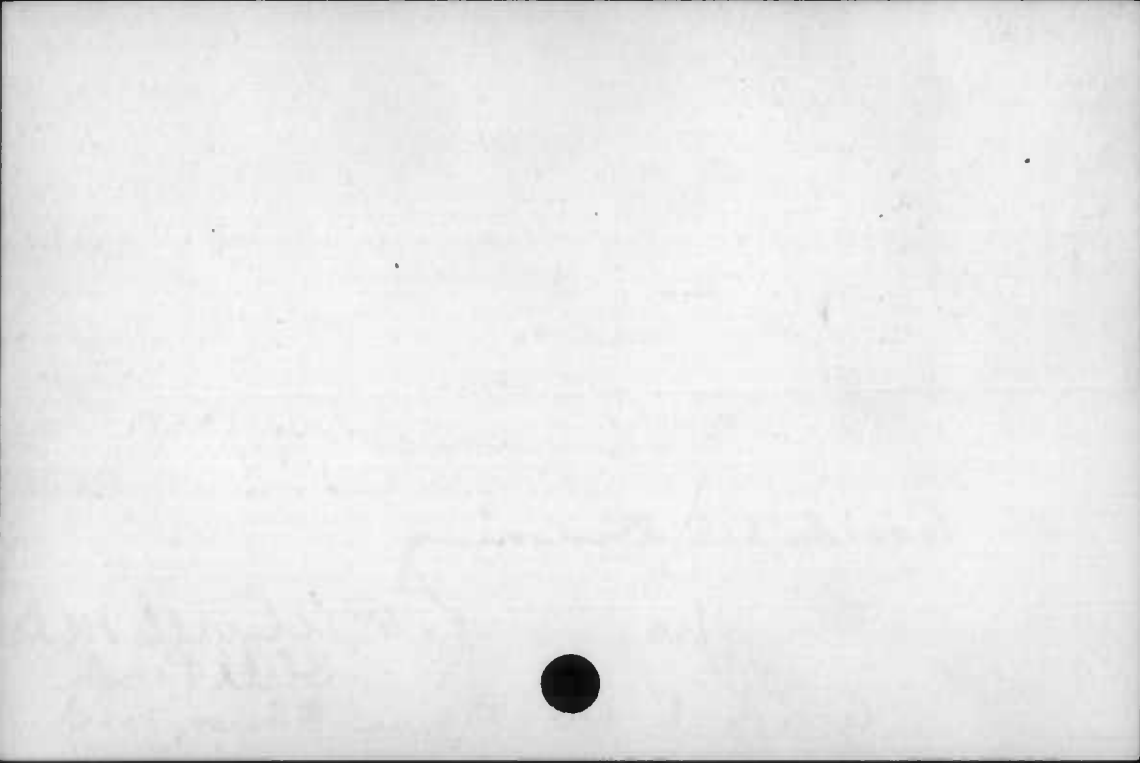
Signature of Physician J M Satterfield

Address Sub Registrar Rock Hall Md

Accident or Suicide? No



Name in Full		Thomas Benjamin Stradley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town near Sassafras	County Kent		MARYLAND	
	Date of death	1907	Month 8	Day 26	Age 2	Years 8	Months 8
	Sex	male		Color or Race	white		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	William E. Stradley				Father's Birthplace	md.
	Mother's Maiden Name	Eugenia Stradley				Mother's Birthplace	md.
Name of person giving information	Wm. B. Stradley				How related to deceased	uncle	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid Fever				How long	20 days
	Immediate	meningitis				How long	5 days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	yes				William Latimer		
				Address			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Betterton

Town

County

MARYLAND

Date

of death

1909 Aug

Month

Day

8

Age

23

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Workman

Where Residing if not
at place of death

1714 N. Wolf Balto

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John A. Thalheimer

Father's
Birthplace

U.S.

Mother's
Maiden Name

Angeline Stohlin

Mother's
Birthplace

U.S.

Name of person giving
Information

W. J. Thalheimer

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Accidental Drowning

How long

172

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

L. P. Atwell M.D.

Address

Still Pond

Accident or Suicide

Accident

acting Physician to Coroner, Md

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

Died at

Joseph Wachowitz
Rock Hall Kent

MARYLAND

Date
of death

1909 Aug 20

Age

Years

66

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

German

Occupation

Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Florence Shubert

Father's
Name

Stanislaw Wachowitz

Father's
Birthplace

German

Mother's
Maiden Name

Rozalija Wasilewska

Mother's
Birthplace

German

Name of person giving
Information

John Zankowski

How related
to deceased

Bro. in Law

CAUSES OF DEATH

Primary

General debility

How long

154

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. W. Ball M.D.
Rock Hall Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buck Creek Marsh</i> ^{Town} <i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1909</i> ^{Month} <i>Aug</i> ^{Day} <i>7</i> ^{Age} <i>45</i> ^{Years}	<i>45</i> ^{Months}	<i>45</i> ^{Days}	
Sex <i>male</i>	Color or Race	Birth-place <i>Kent Co</i>	
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>Milford, Md</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Jerry Wilson</i>	Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>Miss Know</i>	Mother's Birthplace <i>Kent Co</i>		
Name of person giving information <i>Mr. Raisia</i>	How related to deceased <i>now</i>		

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	How long <i>X</i>
Immediate <i>Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank B. Amis</i>
	Address <i>Chester town Md</i>
Accident or Suicide? <i>yes</i>	

Almshouse

Herguson

Name
in
Full

Mary Lena Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Columton		Town		County		Kent		MARYLAND					
Date of death	1909		Month		Day		Age		Years		Months		Days	
Sex		female		Color or Race		Black		Birth-place		Md				
Occupation				Where Residing if not at place of death										
Married, Single or Widowed		Single		Name of Wife or Husband										
Father's Name		Alex Wilson		Father's Birthplace		Md								
Mother's Maiden Name		Annie Wilmer		Mother's Birthplace		Md								
Name of person giving Information		Alex Wilson		How related to deceased		Father								

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Marasmus

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

L. P. Atwell M.D.
Still Pond
Md.

Address

Accident or Suicide

Union Church